State of California Department of Industrial Relations Division of Occupational Safety and Health

Asbestos Consultant or Site Surveillance Certification Renewal Request

1.	Renewal of Certification for: Asbestos Consultant or Site Surveillance Technician
2.	Certification number: (from certification card)
3.	Applicant:
	Last Name First Middle
4.	Preferred mailing address: ☐ Home or ☐ Work
5.	Home address:
	Street
	City State Zip Code
6.	Home Tel: ()Fax: ()
7.	Work name and address:
	(Name of employer or company name if self employed)
	Street
	City State Zip Code
8.	Work Tel: () Ext: Fax: ()
9.	E-mail address:
10.	Attach the following:
	 Payment of Required Fee (\$325 for Consultant, \$270 for Technician). Make checks payable to 'Asbestos Consultant Certification Fund'
	 Copies of all Required AHERA Training Certificates current beyond the expiration date on your certification card.
	 Two copies of a 1 1/2 x 1 1/2 inch color photograph (passport type), taken within the past 30 days. Photos on black Polaroid paper or other lightweight stock are unacceptable.
11.	Signature and date:
As rec	puired in 8 CCR 341.15, please mail your completed renewal request, with attachments, in time to arrive 60 .

Division of Occupational Safety and Health Asbestos Consultant Certification Unit 2211 Park Towne Circle, Suite 1 Sacramento, CA 95825

days before your card expires to: